

**TOWN OF MANCHESTER, CONNECTICUT
HUMAN RESOURCES DEPARTMENT**

**REQUEST TO CARRY OVER ANNUAL LEAVE DAYS – BATTALION CHIEFS, DEPUTY FIRE MARSHAL & FIRE
MARSHAL**

Name:

Department:

Position Title:

Union:

Please state number of days requested and reason for request (see reverse for guidelines):

Employee Signature: _____

Union: _____

To Be Signed By Department/Division Head

_____ I feel this request should be granted.

_____ I do not feel this request should be granted.
(If denied, please give reason(s) below.)

Signature of Department/Division Head

Date

Comments: _____

To Be Completed By Human Resources Department

Our records indicate that the employee has _____ days annual leave/vacation accumulated as
of _____ .

Director of Administrative Services

Date

Recommendation: _____

To Be Completed By General Manager

This request : _____ has been approved _____ has not been approved.

Comments: _____

SEND COMPLETED FORM TO THE HUMAN RESOURCES DEPARTMENT BY MONDAY, NOVEMBER 5, 2012.

Carryover Requirements per Agreement/Overview

Article VIII, (F) - carryover up to 15 days with General Manager's approval for Day Officers, up to 12 days for Shift Officers.

Buyback - Day Officers: up to 7 days; Shift Officers: up to 5 days.